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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
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## APPLICANTS

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Yes  
CMB

## \*\* CONTINUING DATA \*\*\*\*\*

None CMB

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2004-020812 01/29/2004

Yes CMB

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/01/2004

|   |          |         |        |             |
|---|----------|---------|--------|-------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged<br>Examiner's Signature <i>CMB</i> Initials <i>CMB</i>  | JAPAN    | 16      | 11     | 3           |

## ADDRESS

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1800 DIAGONAL ROAD

SUITE 370

ALEXANDRIA, VA

22314

## TITLE

Disk array device and disk array device cable support method

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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